



City of Atlanta
Office of Buildings
55 Trinity Avenue, Suite 3900
Atlanta, GA 30303
Tel: 404-330-6150

REQUEST FOR REFUND

| | | | |
|------------------------------------|-------|-------------------|---------------|
| Date of Request: | _____ | Permit Number: | _____ - _____ |
| Permit Address: | _____ | Requestor's Name: | _____ |
| | _____ | Contact Number: | () - _____ |
| Mailing Address: | _____ | Email Address: | _____ |
| (if different from permit address) | _____ | Company Name: | _____ |
| | | (if applicable) | |

Review and processing may take up to 60 days

| | |
|--------------------------------|----------|
| * Requested Refund Amount: | \$ _____ |
| ** Justifications for Request: | _____ |
| | _____ |
| | _____ |

Method of Payment

(Please select one)

Credit/Debit Card () Cash () Check ()

| | | | |
|----------------------------------|--------------------|------------------------|-----------|
| Name : | _____ | Expiration Date: | ____/____ |
| (As it appears on front of card) | | (MM/YY) | |
| Number: | ____ - ____ - ____ | Security Code: | _____ |
| | | (3-digit code on back) | |

* Amount requested may not be the same amount as amount refunded if approved.

** Office of Buildings may require additional information.

OFFICE USE ONLY

| | | | |
|--------------------|-------|-----------|-------|
| Received | _____ | _____ | _____ |
| | Name | Signature | Date |
| Approved (\$) | _____ | _____ | _____ |
| | Name | Signature | Date |
| Denied | _____ | _____ | _____ |
| | Name | Signature | Date |
| Reason for Denial: | _____ | | |
| Processed | _____ | _____ | _____ |
| | Name | Signature | Date |